

Increasing Immunization Rates through Obstetrician-Gynecologist Partnerships

ACOG Adult Immunization Cooperative Agreement

ACOG Immunization, Infectious Disease, and Public Health
Preparedness Program



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Project Background

- Project entitled “Increasing Immunization Rates through Obstetrician-Gynecologist Partnerships”
- 4-year cooperative agreement funded by CDC
 - 3-year demonstration phase working directly with ob-gyns
 - 1-year dissemination phase to share findings from the demo phase
- Aimed at increasing rates of 5 adult immunizations in pregnant and non-pregnant populations:
 1. Tdap
 2. Influenza
 3. Pneumococcal
 4. Hepatitis B
 5. Herpes zoster



Project Background cont.

- **Overall goal:** Increase immunization rates and incorporate immunizations into routine ob-gyn care
- **Final project outcome:** Develop and disseminate effective “strategies” for integrating immunizations into routine ob-gyn practice



Demonstration Phase



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Immunization Champion Recruitment

- 19 practices in two states (California and Massachusetts) participated—each with an ob-gyn “Immunization Champion”
- Recruited a diverse cohort of practices to ensure project findings could be translated across ACOG’s membership, including varied:
 - Staff make-up (# of physicians, mid-levels, nurses, & MAs)
 - Patient populations (e.g. primarily OB or GYN or combo; high-risk; identified patient disparities; etc.)
 - Practice types (e.g. solo, small, group, hospital-based, community health center, etc.)
 - Regional locations of the practice (e.g. primarily urban, suburban, or rural)



Targeted Strategies

- Immunization Champions were encouraged to implement and/or adapt identified immunization improvement strategies, including:
 - Implementation of standing orders
 - Use of strong immunization recommendations by all staff
 - Consistent immunization documentation
 - Enrollment in the state immunization information system (IIS)
 - Development of immunization referral processes
 - Use of immunization prompts (paper, electronic, and staffing)
 - Engagement of other practice staff in identifying and implementing improvements
 - Utilize immunization resources for patient and staff education and awareness



Engaging Immunization Champions

- Quarterly check-in calls, regular email communications, & annual on-site visits with Champions
 - To address barriers, brainstorm next steps, and share successes
 - To provide practice-specific support, needed resources, connections with other Champions, etc.
- Annual Learning Lab
 - To bring together Champions in-person at ACOG Headquarters to facilitate collaboration, networking, troubleshooting, and action planning among the Champions
- Education
 - Annual immunization-specific webinars, available to the public
 - Quarterly project newsletters distributed to Champions and their teams



Collaboration & Connections

- Collaboration with state health departments
 - Resource sharing and technical assistance with immunization information systems (IIS)
- Partner with outside organizations to address shared goals
 - Standing orders presentations by the Immunization Action Coalition
 - Collaboration call on immunization referrals to pharmacies with the National Association of Chain Drug Stores (NACDS) and the American Pharmacists Association (APhA)
- Connecting Champions with each other for sharing of successful approaches
- Connecting Champion practices to immunization resources/materials from:
 - ACOG
 - Centers for Disease Control and Prevention
 - Immunization Action Coalition
 - State and Local Health Departments



Evaluation & Data Collection Measures

- Quantitative data gathered through:
 - Year 1 and Year 3 randomized chart reviews
 - Yearly surveys on immunization processes in the practice
- Qualitative data gathered through:
 - Quarterly check-in calls
 - Annual in-person practice visits
 - Annual all-group Learning Labs
 - Annual ob-gyn focus groups at the ACOG Annual Clinical and Scientific Meetings



Project Findings

- The activities implemented by the Immunization Champions resulted in:
 - Increases in immunization rates across all 5 adult immunizations targeted
 - 163% increase in immunization rate for Tdap from baseline to Year 3
 - 66% increase in immunization rate for influenza from baseline to Year 3
 - Decreases in missed opportunities (i.e., eligible for a vaccine but no record of contraindication, receipt, or refusal of the vaccine) across all 5 adult immunizations targeted
 - 51% decrease in missed opportunities for Tdap from baseline to Year 3
 - 17% decrease in missed opportunities for influenza from baseline to Year 3



Project Findings cont.

- While only 21% of the Champions were able to implement a written standing order, among the remaining practices there was a 200% improvement from Year 2 to Year 3 in practices that were able to implement a standard process for delegating immunization responsibilities
- 64% increase in the use of prompts from Year 1 to Year 3
- 80% of Champions reported that educating others in the practice on immunization topics was a useful engagement strategy



Identifying Effective Strategies

- Through careful tracking of the data, ACOG identified a series of strategies that were pilot-tested or implemented across the cohort
- ACOG developed a set of criteria to narrow down this list and identify:
 - Strategies most successfully implemented by the Champions
 - Strategies most applicable to the wider ACOG membership
- This criteria was reviewed by the ACOG Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group



Criteria for Determining *Strategies for Effectively Integrating Immunizations into Routine Ob-Gyn Practice*



The Strategy:

1. Has the potential to lead to increase immunization rates
2. Was useful for at least two-thirds of the project practices
3. Has the potential to drive positive change at the *practice* level
4. Is low cost
5. Is easy to implement in all types of practice settings
6. Adapts workflow to better accommodate immunizations
7. Alerts providers to the need for improvement around immunizations
8. Can be sustained over time

To be considered among the “Strategies,” the intervention or strategy must meet both the first and second criteria, as well as at least four of the remaining criteria.



Determining the *Strategies*

- These criteria were applied to the activities implemented through by the Champions and their practices
- Narrowed down to a list of 7 immunization integration strategies
- This list of 7 was then reviewed in detail by the Immunization Champions at the final Learning Lab
- Champions focused on consolidating the 7 strategies into a more manageable number
- Champions also focused also on using language that would best resonate with ob-gyns
- Ultimately ended with 4 final strategies

Draft Strategies for Effectively Integrating Immunizations into Routine Ob-Gyn Practice

1. Administer routinely discussed and recommended vaccines, which at a minimum include influenza, Tdap, and HPV.
2. Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.
3. Develop a standard process for assessing, recommending, administering, and documenting vaccination status of patients.
4. Utilize existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.



Examples of what we learned to support integration of the *Strategies* into ob-gyn practice

Administer routinely discussed and recommended vaccines, which at a minimum include influenza, Tdap, and HPV.

- Train staff at all levels on how to deliver strong immunizations to every patient at every visit.
- Document vaccine refusals and follow-up at subsequent visits.
- For practices that currently only offer immunizations to obstetric patients, consider pilot-testing the expansion of a routine immunization, such as flu, to gynecological patients.
- When adding immunizations to a practice or unit, start with one vaccine and pilot-test for a certain timeframe.



Examples of what we learned to support integration of the *Strategies* into ob-gyn practice

Create a culture of immunization by educating and involving all staff in immunization processes. Delegate the responsibilities of maintaining and championing an immunization program to a team of staff, as appropriate for your practice structure.

- Regularly offer immunization education to clinicians and staff to gain buy-in on importance of immunizations and their promotion.
- Develop scripts for staff to follow when promoting immunizations to ensure strong recommendations and appropriate responses to refusals.
- Encourage front desk staff to promote immunizations to patients as appropriate.
- Display patient education materials on immunization throughout the practice.



Examples of what we learned to support integration of the *Strategies* into ob-gyn practice

Develop a standard immunization process for assessing, recommending, administering, and documenting vaccination status of patients.

- Consider implementing immunization standing orders for vaccines carried on-site.
- When standing orders are not feasible, instead develop a standard immunization process that shifts responsibilities away from the provider.
- Gather input from staff prior to implementation of process improvements.
- Link Tdap vaccination to screening for gestational diabetes to prompt Tdap administration.



Examples of what we learned to support integration of the Strategies into ob-gyn practice

Utilize existing systems and resources to conduct periodic assessments of immunization rates among patients to determine if and where progress is needed.

- Periodic assessments can highlight if and where improvements are needed.
- Examples include:
 - Chart reviews
 - Comparisons of immunization billing codes to number of patients seen over a certain timeframe
 - Comparisons of vaccine purchasing and doses administered to the number of vaccine eligible patients over a certain timeframe.
- When assessing immunization rates, consider starting with just one population group or immunization over a specific timeframe.
- Develop a plan for how you will use the findings of your immunization rates assessment.



Dissemination Phase



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Disseminating the *Strategies*

- A full grant report detailing the background of the project and its demonstration phase, as well as the Strategies and an extensive list of examples and considerations for their implementation, will be available on the [ImmunizationforWomen.org](https://www.immunizationforwomen.org) website (*in development*)
- A tip sheet highlighting the Strategies and key examples and considerations for their implementation will be available on the [ImmunizationforWomen.org](https://www.immunizationforwomen.org) website and will be promoted to both members and partners (*in development*)



Dissemination Phase Objectives

- Share the *Strategies* widely among ACOG members and partners
 - The *Strategies* tip sheet will link to the full, detailed report on the demonstration phase of the adult immunization project
- Gather feedback on the most impactful ways to share/promote the *Strategies* to ob-gyns
 - Already gathered from the Champions; members of the ACOG Immunization, Infectious Disease, and Public Health Preparedness Work Group; and other ob-gyns during focus groups
 - ACOG will continue to gather this information through member surveys
- Assess impact of the *Strategies* on ob-gyns
 - Assessed through member surveys



Dissemination Activities

- Social media campaigns
- ACOG email blasts, newsletters, etc.
- Development and mailing of an Immunization Implementation Toolkit, to contain:
 - *Strategies* tip sheet
 - Other ACOG Immunization tip sheets developed through the project
 - ACOG immunization clinical guidance
 - ACOG Immunization coding resource
- Exhibiting and/or presenting at annual meetings and conferences of partner organizations



Challenges & Opportunities



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Ongoing Challenges

- Some practices experienced difficulties in engaging colleagues and staff in the practice in immunization improvement activities
 - Without that engagement, it was difficult to implement changes
- Consistently delivering strong recommendations
 - Difficulty in getting all staff on board
 - Challenging to ensure that recommendations went beyond only asking patient if she would like to get her immunization
- Implementing standing orders
 - Barriers related to staffing levels (many practices only had MAs, who could not assess); bureaucracy of larger hospital systems; buy-in of colleagues; etc.

Ongoing Challenges cont.

- Enrollment in and data transmission to the state immunization information systems (IIS)
 - Enrollment was often complicated and time intensive for ob-gyns with no previous experience with state registries
- Reimbursement
 - Reimbursement for immunizations is not always adequate to offset the costs of ordering and administering vaccines



Opportunities

- Practices that were able to engage colleagues & staff often had the most success
- While few practices were able to implement standing orders, many were instead able to implement a standard process for immunization responsibilities such as assessment, recommendation, administration, documentation, etc.
 - These standard processes in turn shifted these duties away from the provider and often created a smoother work flow for both providers and patients
- Enthusiasm of the Champions
 - Champions believed in the value of both the project and of immunizations for women

Benefits of a Demonstration Project

- Continuous quality improvement
 - Ability to troubleshoot challenges and continuously pilot-test new strategies or tweak previously implemented processes
- Learn what works and what doesn't
 - With both targeted strategies and project activities
 - Identify common successes, as well as common barriers and challenges
- Flexibility and adaptability to respond to feedback and emerging needs
- Sharing of lessons learned
 - Between Champions
 - With stakeholders



Other ACOG Immunization Resources

Visit [ImmunizationforWomen.org](https://immunizationforwomen.org) for additional ACOG immunization resources, including:

- Developing an Immunization Referral System tip sheet
- Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management tip sheet
- ACOG clinical guidance
- Immunization Coding for Obstetricians-Gynecologists booklet and quick reference Coding Card
- Immunization toolkits: Maternal, HPV, Tdap, and Influenza



Contact the ACOG Immunization Department

Immunization@acog.org



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Questions?



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